

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return 2002
RESIDENT

DO NOT WRITE OR STAPLE IN THIS SPACE

(FOR USE BY TAXPAYERS WHO HAVE LESS THAN \$100,000 TAXABLE INCOME
AND WHO DO NOT ITEMIZE DEDUCTIONS AND DO NOT CLAIM ADJUSTMENTS TO INCOME)

☐ Check box if filing for the first time or address has changed

AMD UNP 008 PNT INT

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code. If you have a foreign address, see Instructions.		Spouse's occupation

HAWAII ELECTION CAMPAIGN FUND	Do you want \$2 to go to the Hawaii Election Campaign Fund?	Yes	No	Note: Checking "Yes" will not increase your tax or reduce your refund.
	If joint return, does your spouse want \$2 to go to the fund?	Yes	No	

FILING STATUS	(Check only ONE box)	
	1 <input type="checkbox"/> Single	
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).	
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. ●	
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤	
5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died ●		

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 11.

EXEMPTIONS	6a <input type="checkbox"/> Yourself	<input type="checkbox"/> Age 65 or over	} Enter number of boxes checked on 6a and 6b ➤			
	6b <input type="checkbox"/> Spouse	<input type="checkbox"/> Age 65 or over				
	If you checked box 3 and 6b above, see the Instructions on page 8 and if your spouse meets the qualifications, check here <input type="checkbox"/>					
	6c Dependents:	If more than 6 dependents, use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed 6c ➤	
	and 6d	1. First and last name			Enter number of other dependents 6d ➤	
	6e Total number of exemptions claimed				Add numbers entered in boxes above 6e ➤	

INCOME	7 Wages, salaries, tips, etc. (attach Form(s) W-2; if unavailable, see item 5 on page 9 of Instructions)	7●		00
	8 Interest income (complete Part I on page 2 if over \$400)	8●		00
	9 Ordinary dividends (complete Part II on page 2 if over \$400)	9●		00
	10 Unemployment compensation (insurance)	10●		00
	11 Add lines 7, 8, 9 and 10	11●		00
	Adjusted Gross Income ➤			
	Caution: ● If you can be claimed as a dependent on another person's return, see page 10 of the Instructions and check here. ➤ ● <input type="checkbox"/> ● If you are married filing separately and your spouse itemizes deductions, see page 7 of the Instructions.			
	12 Standard deduction.			
	If you checked filing status box: { 1, enter \$1,500 2 or 5, enter \$1,900 3, enter \$950 4, enter \$1,650	Standard Deduction ➤		
	13 Line 11 minus line 12. (This line MUST be filled in)	12●		00
14 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) ● <input type="checkbox"/> Yourself ● <input type="checkbox"/> Spouse, and see page 10 of Instructions	13●		00	
15 Line 13 minus line 14. Enter the result (but not less than zero).	14●		00	
	15●		00	

ROUND TO THE NEAREST DOLLAR

Continue on other side

Continue on other side

CAUTION: You may **NOT** file Form N-13 (you must file Form N-11, N-12, or N-15 instead) if any of the following apply to you:

- You are a part-year resident.
- You are married filing a separate return and your spouse itemizes.
- You received any capital gains distributions.

NOTE: You may be required to file Form N-11, N-12, or N-15 for other reasons. See page 5 of Instructions.

PART I Interest Income

If you received more than \$400 in interest, list the names of the payers and the amounts of interest on the lines below. See page 9 of the Instructions for what interest to report.

Name of Payer	Amount
1	
2 Total interest income. Enter here and on Form N-13, line 8 (Whole dollars only).....	00

PART II Ordinary Dividends

If you received more than \$400 in ordinary dividends, list the names of the payers and the amounts of the dividends on the lines below. See page 9 of the Instructions for a definition of ordinary dividends.

Name of Payer	Amount
1	
2 Total ordinary dividends. Enter here and on Form N-13, line 9 (Whole dollars only)	00

TAX PAYMENTS AND CREDITS	16 Tax. Check if from <input type="checkbox"/> Tax Table; or <input type="checkbox"/> Form N-615, Computation of Tax for Children Under Age 14 Who Have Investment Income of More Than \$1,000Tax >			16●	00
	17 Energy Conservation Tax Credit (attach Form N-157)	17●	00		
	18 Line 16 minus line 17 (but not less than zero)	18		00	
	19a Total Hawaii income tax withheld.....	19a●	00		
	19b Amount paid with extension(s).....	19b●	00		
	19c Low-Income Refundable Tax Credit (attach Schedule X).....	19c●	00		
	DHS, etc. exemptions ●	19c●	00		
	19d Credit for Low-Income Household Renters (attach Schedule X).....	19d●	00		
	19e Credit for Child and Dependent Care Expenses (attach Schedule X)	19e●	00		
	19f Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	19f●	00		
19g Credit for \$1 general income tax (see page 11 of the Instructions)	19g●	00			
20 Add lines 19a through 19g	Total >	20●		00	
REFUND OR AMOUNT YOU OWE	21 If line 20 is larger than line 18, enter the amount OVERPAID (line 20 minus line 18)			21●	00
	22 Contribution to Hawaii School-Level Minor Repairs and Maintenance Special Fund. (See Instructions) ● <input type="checkbox"/> Yourself ● <input type="checkbox"/> Spouse (Enter \$2 if one box is checked, or \$4 if both boxes are checked)			22	00
	23 Line 21 minus line 22. This is the amount to be REFUNDED TO YOU . If filing late, see page 12 of Instructions			23	00
	24 If line 18 is larger than line 20, enter the AMOUNT YOU OWE (line 18 minus line 20). Send Form N-200V with your payment.			24●	00
	25 Estimated tax penalty. (see page 12 of Instructions) Also include on line 21 or 24, whichever applies. Check box if Form N-210 is attached > <input type="checkbox"/>			25●	00
DESIGNEE	26 If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only.....>● <input type="checkbox"/>				
	If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 12 of the Instructions. Designee's name > Phone no. > Identification number >				

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	Your signature _____ Date _____		Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____	
	Paid Preparer's Information	Preparer's Signature and date _____	Preparer's identification number _____	Check if self-employed > <input type="checkbox"/>
		Print Preparer's Name _____		
		Firm's name (or yours if self-employed), Address, and ZIP Code _____	Federal E.I. No. > _____ Phone No. > _____	

REMINDERS:

- Check your arithmetic.
- **Don't forget to sign your return.** If married filing a joint return, both spouses must sign the return.
- Use your preprinted address label if you received one. Make any changes directly on the label.
- Be sure required attachments are attached. (W-2s, Schedule X, Form N-200V, check or money order, etc.)
- File early using the preaddressed envelope if you received one.